

ORIGINAL

FORM NO. 10/03  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWAREJARIS L. CUBBAGE

Plaintiff

WARDEN V. SGT.  
THOMAS CARROLL and LARRY CONNELLY  
Defendant(s)APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

06 - 684

I, Jaris Cubbage declare that I am the (check appropriate box)• • Petitioner Plaintiff Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • • Yes • • No (If "No" go to Question 2)If "YES" state the place of your incarceration Delaware Correctional CenterInmate Identification Number (Required): 271683Are you employed at the institution? Yes Do you receive any payment from the institution? YesAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes • • No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$29.61, 18<sup>th</sup> an hour, paid monthly  
Prison's Main Kitchen
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |         |               |
|---|---------|---------------|
| a. Business, profession or other self-employment  | • • Yes | • • <u>No</u> |
| b. Rent payments, interest or dividends           | • • Yes | • • <u>No</u> |
| c. Pensions, annuities or life insurance payments | • • Yes | • • <u>No</u> |
| d. Disability or workers compensation payments    | • • Yes | • • <u>No</u> |
| e. Gifts or inheritances                          | • • Yes | • • <u>No</u> |
| f. Any other sources                              | • • Yes | • • <u>No</u> |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

N/A

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U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
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AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts? •• Yes •• No
- If "Yes" state the total amount \$ N/A
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? •• Yes •• No

If "Yes" describe the property and state its value.

N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

6-9-06  
DATE

Quintin H. Culbertson  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

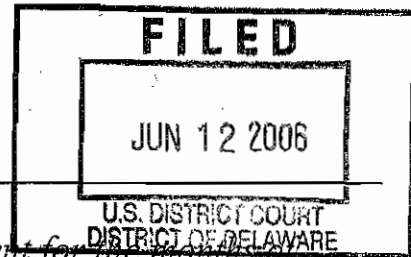
06 - 384

TO: Farid Cabbage SBI#: 2711083

FROM: Stacy Shane, Support Services Secretary

RE: 6 Months Account Statement

DATE: March 9, 2006



Attached are copies of your inmate account statement for the months of  
September 1, 2005 to February 28, 2006

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Sept</u>	<u>20.80</u>
<u>Oct</u>	<u>22.31</u>
<u>Nov</u>	<u>11.36</u>
<u>Dec</u>	<u>11.64</u>
<u>Jan</u>	<u>21.20</u>
<u>Feb</u>	<u>40.02</u>

Average daily balances/6 months: 20.97

Attachments

CC: File

Stacy Shane  
3/9/06

Michael E. Lutz  
Nancy Publici  
3/10/06

# Individual Statement

Date Printed: 3/9/2006

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## For Month of September 2005

SBI 00271683	Last Name Cubbage	First Name Jarid	MI J	Suffix Jr	Beg Mth Balance:	\$33.10
Current Location: DW		Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Canteen	9/8/2005	(\$27.20)	\$0.00	\$0.00	\$5.90	154898
Supplies-MailP	9/15/2005	\$0.00	\$0.00	(\$1.63)	\$5.90	158551
Visit	9/19/2005	\$25.00	\$0.00	\$0.00	\$30.90	159234
Canteen	9/29/2005	(\$21.77)	\$0.00	\$0.00	\$9.13	163513
Ending Mth Balance:					\$9.13	
Total Amount Currently on Medical Hold: \$0.00						
Total Amount Currently on Non-Medical Hold: (\$3.50)						

SourceName

PayTo

MO # or  
Ck #

POSTAGE

451845774-14297

E CUBBAGE

## Individual Statement

Date Printed: 3/9/2006

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## For Month of October 2005

SBI	Last Name	First Name	MI	Suffix	Reg Mth Balance:	MO # or Ck #	PayTo	SourceName
00271683	Cubbage	Janid			\$9.13			E CUBBAGE
Current Location: D/W								
Comments:								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Visit	10/3/2005	\$25.00	\$0.00	\$0.00	\$34.13	165166	451846764-22918	
Supplies-MailP	10/6/2005	(\$1.63)	\$0.00	\$0.00	\$32.50	168367		POSTAGE
Canteen	10/14/2005	(\$18.46)	\$0.00	\$0.00	\$14.04	171659		
Canteen	10/20/2005	(\$7.65)	\$0.00	\$0.00	\$6.39	173792		
Mail	10/26/2005	\$25.00	\$0.00	\$0.00	\$31.39	175976	08343943369	E. CUBBAGE
					Ending Mth Balance:	\$31.39		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

**Individual Statement**

Date Printed: 3/9/2006

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**For Month of November 2005**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$31.39			
00271683	Cubbage	Jarid							
Current Location:		DW	Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	11/3/2005	(\$15.70)	\$0.00	\$0.00	\$15.69	179205			
Canteen	11/10/2005	(\$6.86)	\$0.00	\$0.00	\$8.83	182008			
Canteen	11/17/2005	(\$5.54)	\$0.00	\$0.00	\$3.29	185365			
Visit	11/28/2005	\$25.00	\$0.00	\$0.00	\$28.29	188399	47586057410-12305		E. CUBBAGE
Canteen	11/30/2005	(\$14.81)	\$0.00	\$0.00	\$13.48	190023			
					Ending Mth Balance:	\$13.48			

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

# Individual Statement

For Month of December 2005

Date Printed: 3/9/2006

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Sib1	Last Name	First Name	MII	Suffix	Beg Mth Balance:	\$13.48				
00271683	Cubbage	Jarid								
Current Location:		D/W	Comments:							
		Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName	
Canteen	12/15/2005	(\$10.70)	\$0.00	\$0.00	\$2.78	195383				
Visit	12/27/2005	\$25.00	\$0.00	\$0.00	\$27.78	199214	20450243216-13560		E.CUBBAGE	
					Ending Mth Balance:	\$27.78				

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

## Individual Statement

Date Printed: 3/9/2006

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## For Month of January 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00271683	Cubbage	Jarid			\$27.78			E CUBBAGE
Comments:								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Mail	1/3/2006	\$25.00	\$0.00	\$0.00	\$52.78	203138		
Canteen	1/5/2006	(\$19.55)	\$0.00	\$0.00	\$33.23	204674		
Supplies-MailP	1/9/2006	\$0.00	\$0.00	(\$6.30)	\$33.23	205535	12/22/05	
Supplies-MailP	1/9/2006	\$0.00	\$0.00	(\$3.85)	\$33.23	205536	12/22/05	
Medical	1/13/2006	\$0.00	(\$4.00)	\$0.00	\$33.23	208074	12/19/05	
Medical	1/13/2006	(\$4.00)	\$0.00	\$0.00	\$29.23	208213	12/19/05	
Supplies-MailP	1/13/2006	(\$3.85)	\$0.00	\$0.00	\$25.38	208865	12/22/05	
Supplies-MailP	1/13/2006	(\$6.30)	\$0.00	\$0.00	\$19.08	208864	12/22/05	
Canteen	1/25/2006	(\$18.89)	\$0.00	\$0.00	\$0.19	212895		
Supplies-MailP	1/26/2006	\$0.00	\$0.00	(\$0.39)	\$0.19	213373	1/13/06	
Supplies-MailP	1/26/2006	\$0.00	\$0.00	(\$1.29)	\$0.19	213408	11/10/05	
Supplies-MailP	1/27/2006	\$0.00	\$0.00	(\$3.85)	\$0.19	214059	11/10/05	
					Ending Mth Balance:	\$0.19		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)



## Individual Statement

Date Printed: 3/9/2006

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## For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00271683	Cubbage	Jarid			\$0.19			E.CUBBAGE
Current Location: DW								
Comments:								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo
Visit	2/1/2006	\$50.00	\$0.00	\$0.00	\$50.19	215223	4784334023-13862	
Supplies-MailP	2/2/2006	(\$0.39)	\$0.00	\$0.00	\$49.80	217763		1/13/06
Supplies-MailP	2/2/2006	(\$1.29)	\$0.00	\$0.00	\$48.51	217953		11/10/05
Supplies-MailP	2/2/2006	(\$3.85)	\$0.00	\$0.00	\$44.66	217989		11/10/05
Canteen	2/8/2006	(\$15.97)	\$0.00	\$0.00	\$28.69	220020		
Supplies-MailP	2/8/2006	\$0.00	\$0.00	(\$1.29)	\$28.69	220458		12/27/05
Supplies-MailP	2/8/2006	\$0.00	\$0.00	(\$2.21)	\$28.69	220459		12/27/05
Visit	2/21/2006	\$25.00	\$0.00	\$0.00	\$53.69	225087	053766595967	E CUBBAGE
					Ending Mth Balance:	\$53.69		

Total Amount Currently on Medical Hold: \$0.00

Total Amount Currently on Non-Medical Hold: (\$3.50)

Pay Stubs from the Main Kitchen

CUBBAGE JARID	271683	\$0.18	68.00	0.00	0.00	\$12.24	2
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03/24/06-4/23/06	CUBBAGE JARID	271683	\$0.18	148.00	2.97	11.00	\$29.61	4
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02/24/06-03/23/06	CUBBAGE JARID	271683	\$0.18	28.00	0.00	0.00	\$5.04	1
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